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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
With Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket
Number 348-077

First Named Inventor COOPER, DAVID NEAL ET AL.

COMPLETE IF KNOWN

Application Number 10/535,005

Filing Date 05/12/2005

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GROWTH HORMONE VARIATIONS IN HUMANS AND ITS USES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

11/04/2003

as United States Application Number or PCT International

Application Number PCT/GB2003/004775 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0226441.4	GB	11/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCT/GB01/05112	GB	11/12/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0308242.7	GB	04/10/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

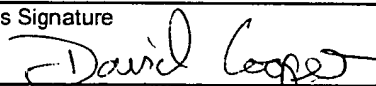
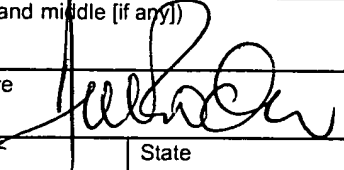
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="checked" type="checkbox"/> The address associated with Customer Number:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001009</div>	OR	<input type="checkbox"/> Correspondence address below
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) DAVID NEAL <u>NEIL</u>			Family Name or Surname COOPER		
Inventor's Signature 			Date 30/6/05		
Residence: City		State		Country	
CARDIFF				CITIZENSHIP	
Mailing Address UNIV. OF WALES COLLEGE OF MEDICINE, INSTITUTE OF MEDICAL GENETICS, HEATH PARK					
City		State		Zip	
CARDIFF				CF14 4XN	
Country		GREAT BRITAIN <u>GBX</u>			
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) ANNE MARIE			Family Name or Surname PROCTER		
Inventor's Signature 			Date 14.07.2005		
Residence: City		State		Country	
CARDIFF				GREAT BRITAIN	
Citizenship		GB			
Mailing Address UNIV. OF WALES COLLEGE OF MEDICINE, INSTITUTE OF MEDICAL GENETICS, HEATH PARK					
City		State		Zip	
CARDIFF				CF 14 4XN	
Country		GREAT BRITAIN			
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

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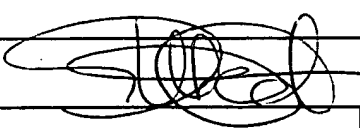
DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOHN		GREGORY	
Inventor's Signature <i>John</i>		Date <i>16/8/05</i>	
CARDIFF Residence: City	State	GREAT BRITAIN Country	GB Citizenship
UNIVERSITY OF WALES COLLEGE OF MEDICINE, INSTITUTE OF MEDICAL GENETICS, HEATH PARK			
Mailing Address			
CARDIFF City	State	CF 14 4XN Zip	GREAT BRITAIN Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DAVID STUART		MILLAR	
Inventor's Signature <i>D.S. Miller</i>		Date <i>30/6/05</i>	
CARDIFF Residence: City	State	GREAT BRITAIN Country	GB Citizenship
UNIVERSITY OF WALES COLLEGE OF MEDICINE, INSTITUTE OF MEDICAL GENETICS, HEATH PARK			
Mailing Address			
CARDIFF City	State	CF14 4XN Zip	GREAT BRITAIN Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MARK		LEWIS	
Inventor's Signature <i>Mark Lewis</i>		Date <i>12-7-05</i>	
CARDIFF Residence: City	State	GREAT BRITAIN Country	GB Citizenship
UNIVERSITY OF WALES COLLEGE OF MEDICINE, INSTITUTE OF MEDICAL GENETICS, HEATH PARK			
Mailing Address			
CARDIFF City	State	CF14 4XN Zip	GREAT BRITAIN Country

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ANGELES		ULIED	
Inventor's Signature 		Date <u>3-10-05</u>	
BARCELONA Residence: City	State	SPAIN Country	SPANISH Citizenship
PHARMACIA SPAIN S.A., CARRETERA DE ROBI, ES-08190, SAN CUGAR DE VALLES			
Mailing Address			
BARCELONA City	State	ES-08190 Zip	SPAIN Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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